



CALIFORNIA STATE ATHLETIC COMMISSION

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 5757 WEST CENTURY BLVD., GF-16, LOS ANGELES, CA 90045 (310) 641-8668 FAX (310) 641-8516



2003

APPLICATION FOR SPARRING PERMIT

PLEASE SUBMIT THE FOLLOWING:

1. \$25 Application Fee
2. Neurological Examination Report (by licensed physician specializing in neurology and/or neurosurgery)
3. Physical/Eye Examination Report by licensed physician
4. Negative **HIV / HCV (Hepatitis C) / HBV Surface Antigen (Hepatitis B)** test result on the letterhead of a certified laboratory in the United States
5. 1 Photograph (2" x 2") signed on back

OFFICE USE ONLY

License #: _____ Fight Date: _____
 Federal ID #: _____ Expires: _____
 Received By: _____ Date Rec'd: _____
 Amount Rec'd: \$ _____ Method of Pymt: _____
 Receipt #: _____
 P/E Date: _____ HIV Date: _____ HBV Date: _____ HCV: _____
 Neuro Exam Date: _____ Pass / Fail Reviewed by _____

APPROVE FOR TEMPORARY / PERMANENT LICENSURE

Authorized Signature

FULL NAME: (Please Print)		LAST	FIRST	MIDDLE
RING NAME:				PHONE NUMBER ()
ADDRESS: Street Number and Name		City	State	Zip Code
AGE	(Circle One) M / F	Date of Birth	Social Security Number (Mandatory)	Height ft. in.
				Ring Weight lbs.

HAVE YOU EVER BEEN DENIED A LICENSE BY ANY STATE ATHLETIC COMMISSION? ☐ YES ☐ NO

If answer is yes, give full particulars: _____

ARE YOU NOW SUSPENDED OR ON AN "ILL OR UNAVAILABLE LIST" IN ANY OTHER JURISDICTION? ☐ YES ☐ NO

If answer is yes, list jurisdiction and explain: _____

ARE YOU LICENSED IN ANY OTHER STATE? ☐ YES ☐ NO

If answer is Yes, what type of license? _____

HAVE YOU EVER HAD A LICENSE DISCIPLINED, FINED, SUSPENDED OR REVOKED BY ANY OTHER STATE? ☐ YES ☐ NO

If answer is yes, give full particulars: _____

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? ☐ YES ☐ NO

(You must answer "YES" even if a conviction or a plea of guilty was changed,
 withdrawn, dismissed, discharged, set aside or pardoned under Section 1203.4 of the Penal Code.)

If answer is "YES," explain and attach copy of conviction: _____

(PLEASE COMPLETE OTHER SIDE)

HAVE YOU EVER USED ANY OTHER NAMES(S)? If answer is Yes, list name(s): _____

LIST ALL YOUR PROFESSIONAL BOXING CONTESTS. (If all your bouts are listed in a boxing publication, give the name, edition and page number.)

DATE OF FIGHT	OPPONENT	RESULT	CITY AND STATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

City: _____

Authority to provide the California State Athletic Commission with this information is established pursuant to Sections 18640, 18642 and 18643 of the Business and Professions Code. Disclosure of your social security number is mandatory pursuant to Section 30 of the Business and Professions Code and Pub. L.94-455 (42 USCA 405 (c) (C) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. The social security number is also used to report and credit boxer pension fund payments in implementing Sections 18880, 18881, 18882, 18883, 18884, 18887, and 18888 of the Business and Professions Code. If you fail to disclose your social security number your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Information on your application and physical examination report may be released to law enforcement agencies. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.

I declare under penalty of perjury under the laws of the State of California that I have read the foregoing application for a professional boxer license, that all the answers given are my own and that all the answers are true AND THAT THE HIV/HBV/HCV TEST REPORT REPRESENTS MY HIV/HBV TEST RESULTS. Further, I understand that any misstatement of material fact in this application will constitute grounds for denying or revoking the license.

APPLICANT'S SIGNATURE _____ DATE _____